

2010 ACVECC Fee Remittance Form

This form should be completed and submitted to the Office of the ACVECC Executive Secretary with the appropriate fee(s) and other applicable materials by the deadlines indicated.

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FAX: (508) 887-4634

PART 1: Please provide current contact information

Name: _____

Contact Information (Preferred Mailing Address): _____ Is this a home ___ or a work ___ address?

Department (if applicable): _____

Hospital/University (if applicable): _____

Address: _____

City, State, Postal Code: _____

Country: _____ Email: _____

Work phone: _____ Fax number: _____

Home phone: _____ Mobile phone: _____

PART 2: Please mark the boxes corresponding to the item(s) for which you are submitting payment.

REGISTRATION: \$200. ⁰⁰

(Resident/Fellow Registration form and fee must be submitted within 30 days prior to or after beginning and ACVECC approved residency program.)

ACVECC CREDENTIALS FEE: \$300. ⁰⁰

(Credentials due date: January 15, 2010)

ACVECC CERTIFICATION EXAMINATION: \$750. ⁰⁰

(Exam registration deadline: May 1, 2010 for all residents and candidates)

NEW CANDIDATE

RETAKE CANDIDATE

Which section(s) are you retaking?

General Multiple Choice Clinical Exam

Sm Animal Multiple Choice

Lg Animal Multiple Choice

TOTAL FEE(S): _____

PART 3: Please check method of payment. Funds must be in U.S. dollars. Check (drawn on U.S. bank), MasterCard or Visa:

Check enclosed, payable to "ACVECC" Check number: _____

MasterCard Visa Card ID # (3-digits): _____

Card Number: _____ Expiration Date: _____

Name on Card: _____ Billing address zip code: _____

Signature: _____ Date: _____